



FAUQUIER COUNTY SHERIFF'S OFFICE

78 West Lee Street, Warrenton, Virginia 20186 • Office: (540) 422-8600 • Fax: (540) 422-8605

LAW ENFORCEMENT TOW APPLICATION

The following list must be completed:	✓ when complete
1. Tow List Application Valid from July 1 to June 30 of Each Calendar Year (Due no later than May 15 of each year)	
a. All spaces must be filled in.	
b. Do not sign - Notary Service will be provided at the Sheriff's Office.	
2. Copy of Tow Ordinance received?	
3. Treasurer's Receipt Form (for Town and/or County)	
4. Zoning Confirmation (Provide statement from the zoning office of the local government entity in which the towing business is located that the storage lot listed on the application meets all required zoning requirements)	
5. Criminal Record Check Waiver Form (original) with copies of DCJS Certification	
a. Complete Criminal Record Check Waiver Form	
b. Attach Current DCJS Driver Certification	
c. Attach Current Driver's License	
6. Applicant must provide the following:	
a. Verification of Insurance	
b. Garage Keepers Insurance	
c. Vehicle Liability Insurance	
d. Workers' Compensation (if applicable)	
e. Business Card (Original or Copy)	
f. Vehicle Storage Lot Lease/Rental Agreement (if applicable)	
g. State Corporate Commission (SCC) License	
h. Fauquier County Business License	
i. Tow Company Rate Sheet (Provide a listing of your current rates)	
7. Wrecker Inspection	
a. A \$25.00 fee is required for each truck. (Do not pay fee until notified of approval) Once inspection is completed and you are notified of approval, the fee is payable to the Fauquier County Treasurer's Office and a Fauquier County Tow Sticker will be issued by the Sheriff's Office.	

LAW ENFORCEMENT TOW APPLICATION CONTINUED

Business Name		Date	Date Business Established		Application Type		<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
Business Address	Street		City			State	Zip	
	Daytime		from		AM to		PM	
Business Telephone Numbers	Nighttime		from		PM to		AM	
OWNER(S)								
Name of Owner/Agent/Corporate Office (Title)			VA Operators/Commercial Driver's License Number					
Home Address	Street		City			State	Zip	
Telephone Numbers	Home #		Cell #			Work #		
Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)								
If more than one Owner, Agent or Corporate Office, list each below:								
Owner 2	Name of Owner(s)/Agent(s) (Title)			VA Operators/Commercial Driver's License Number				
	Home Address	Street		City			State	Zip
	Telephone Numbers	Home #		Cell #			Work #	
Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)								
Owner 3	Name of Owner(s)/Agent(s)			VA Operators/Commercial Driver's License #				
	Home Address	Street		City			State	Zip
	Telephone Numbers	Home #		Cell #			Work #	
Please list previous tow companies owned, associated with, including business Name, Owner(s), Agent(s), Corporate Officer(s)								
STORAGE LOT LOCATION(S)								
1	Street		City			State	Zip	
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)							
2	Street		City			State	Zip	
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)							
3	Street		City			State	Zip	
	Size and Security Features: (Describe in detail size, square footage, lighting, and any other security features)							

WRECKER(S)

List all wreckers which will be provided, use additional sheet if necessary

1	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
2	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
3	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
4	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		

INSURANCE

Business insurance policies, carriers and agents and limits of coverage. Attach copies of the certificate to this application.

Vehicle Liability Policy <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company	Policy Number	
Amount of Coverage	Coverage to Begin	Coverage to End
Garage Keepers Policy <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company	Policy Number	
Amount of Coverage	Coverage to Begin	Coverage to End
Workers' Compensation (Employee Insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this Policy meet Virginia SCC Insurance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company	Policy Number	
Amount of Coverage	Coverage to Begin	Coverage to End

QUESTIONS

1. Will towing service be provided 24 hours per day, each day of the calendar year as required by the Tow Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your attached insurance policy name of the Fauquier County Sheriff's Office and Fauquier County as a certificate holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you agree to give the Sheriff's Office immediate notification of any changes and/or modifications to your insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will you agree to indemnify and hold harmless Fauquier County for any claims, injuries or damages incurred as a result of providing towing services pursuant to any agreement with the Sheriff's Office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you accept reasonable responsibility for all personal property left in towed vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you give the Sheriff's Office permission to inspect your records that pertain to Sheriff's requested towing, storage of vehicles and personal effects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will you allow the Sheriff's Office to inspect towing equipment, storage facilities and security features of the lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you agree to make immediate notifications to the Sheriff's Office of any changes regarding the information furnished in this application? (No changes are permissible without prior approval of the Sheriff's Office).	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you agree that all information contained in this application is true and accurate and realize that any misrepresentation will cause denial of approval on the Fauquier County Sheriff's Office Towing List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you realize that if approved and later it is determined that any information previously furnished on your application was false, will cause your immediate termination from the Fauquier County Sheriff's Tow List?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you received a copy of the Fauquier County Towing Ordinance and Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do you accept the terms of the Towing Ordinance and Policy in their entirety?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Applicant _____
Sign in presence of notary

Name of Applicant (print) _____

Position at Business _____

Certificate of Acknowledgment:

County of _____ Commonwealth of Virginia I hereby certify that the foregoing instrument was
acknowledged before me this ____ day of _____, 20 ____ by _____
Name of person seeking acknowledgment

Notary Public's Signature

Notary Registration Number

Notary Seal Required

My commission expires

Submit to: Fauquier County Sheriff's Office
78 West Lee Street
Warrenton, VA 20186

SHERIFF'S OFFICE USE			
Application Received	Date	Signature	Name
Application Approved	Date	Signature	Name
Application Rejected	Date	Signature	Name
	Reason for Rejection		
Applicant Notified	Date	Signature	Name

ADDITIONAL WRECKERS				
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
	Type	Make	Model	Towing Capacity (lbs)
	Tag #	VIN		
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